

“What Matters” Conversations in the Primary Care Setting

Mark A. Newbrough, MD
 Associate Professor, Division of Gerontology, Geriatrics, and Palliative Care
 Director, Age-Friendly Health System Programs
 Director, Geriatric Medicine Fellowship Program
 University of Alabama at Birmingham

UAB MEDICINE

1

Disclosures

- No conflicts to disclose

2 What Matters for Primary Care, Newbrough

UAB MEDICINE

2

Learning Objectives

Participants will be able to:

- Describe the Age-Friendly Health Systems concept of “What Matters” and the importance of incorporating “What Matters” conversations into their day-to-day primary care practice
- Describe the key components of “What Matters” conversations and how to implement them into daily practice, overcoming practice-related and patient / family barriers.
- Describe documentation and billing strategies for maximizing the value of “What Matters” conversations in the primary care practice

3 What Matters for Primary Care, Newbrough

UAB MEDICINE

3

Mr. Williams

Mr. Williams is a 76 yo man has been your patient for the past 10 years. He is the only caregiver for his wife, age 74, who has dementia and is becoming increasingly frail (FAST Stage 5-6). He was recently diagnosed with clinical Stage IIIA prostate cancer (T2, N0, M0 with PSA of 25).

He is obviously concerned about this new diagnosis and wants to know what you think he should do re: treatment.

During your 10 years of caring for him, he has been fairly quiet about his own life, thoughts, and wishes, other than in the context of caring for his wife. This is the first time he has really asked you, "what do you think I should do?"

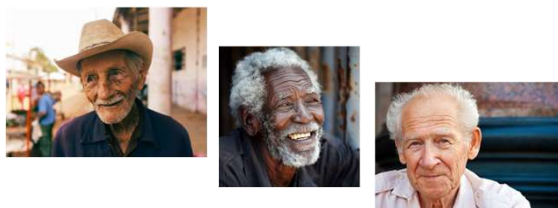
In that moment, you realize how little you know about Mr. Williams as a person.

4 What Matters for Primary Care, Newbrough



4

What are you thinking and feeling right now?



5 What Matters for Primary Care, Newbrough



5

Any of these men could be Mr. Williams.

- Their stories are different.
- Their wants and needs are different.
- What is important to them is different.
- They likely do not know any of the AHA / ACC guidelines, or the ADA guidelines, or even current vaccine recommendations for older adults.
- How can we help them, if we do not know them well enough to know what is most important to them when the rubber hits the road?

6 What Matters for Primary Care, Newbrough



6

Isn't this why we went into healthcare in the first place?

How did we get to this place?

How do **your patients** make decisions re: their health and healthcare?

How do **you** navigate uncertainty in your practice?

7 What Matters for Primary Care, Newbrough **UAB MEDICINE**

7

“What Matters” is the Answer

Is it possible to have a conversation with Mr. Williams during this visit, or do you need to make a special plan with him?

- How does your schedule look?
- Does he have his wife with him, and is there a way to look after her while you talk with Mr. Williams? Do you need to make some other arrangement with him? Is he able to leave her alone, or ask someone to sit with her so that he can come back to meet with you?
- How long will it take to sit with him and explore What Matters so that you can respond to his question, and help him understand his options?

8 What Matters for Primary Care, Newbrough **UAB MEDICINE**

8

Journey to Age-Friendly Care

2000: Institute of Medicine (US) Committee on Quality of Health Care in America.

Estimate that as many as 98,000 people die in any given year from medical errors in hospitals.

Greater than MVA, breast cancer or AIDS.

PMID: 25077248 Bookshelf ID: NBK225182
DOI: 10.17226/9726



9 What Matters for Primary Care, Newbrough **UAB MEDICINE**

9

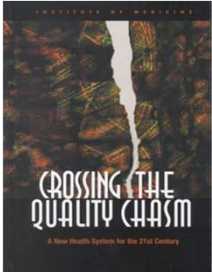
Journey (cont.)

2001: Second publication with sweeping recommendations about ways to improve quality

Second subcommittee chaired by Don M. Berwick, MD (Institute for Healthcare Improvement)

Outlined 6 aims for improvement

PMD: 20267638 Bookshelf ID: NBK222274 DOI: 10.17226/10027



10 What Matters for Primary Care, Newbrough

UAB MEDICINE

10

AHRQ Six Aims

Safe	Avoiding injuries to patients because of the care that is intended to help them
Effective	Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding under- and overuse)
Patient-centered	Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions
Timely	Reducing waits and sometimes harmful delays for both those who receive care and those who give care
Efficient	Avoiding waste, in particular, of equipment, supplies, ideas, and energy
Equitable	Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, or socioeconomic status

11 What Matters for Primary Care, Newbrough

UAB MEDICINE

11

2008 IOM Report

- Survey data: 1st care residency graduates uncomfortable with dementia and goals of care
- Recommended:
 - Enhance geriatrics competence of the entire workforce
 - Increase the recruitment and retention of geriatrics specialists and caregivers
 - Improve the way care is delivered:
 - The health needs of the older population need to be addressed comprehensively.
 - Services need to be provided efficiently.
 - Older person need to be encouraged to be active partners in their own care.



12 What Matters for Primary Care, Newbrough

UAB MEDICINE

12

Conversation Project / "What Matters" Serious Illness

2012: "Maybe we should ask patients what matters to them, in addition to what is the matter?"

"Nothing about me without me"

Conversation project for people with serious illness

<https://theconversationproject.org>

13 What Matters for Primary Care, Newbrough



13

Patient Priorities Care: 2014-15

"Choosing what matters. Doing what works."

Yale School of Medicine, UTHealth Houston, and Baylor College of Medicine

<https://patientprioritiescare.org>

14 What Matters for Primary Care, Newbrough



14

Why is this So Hard?


- Living will
- Advanced care plan
- Medical Power of Attorney
- POST, POSCT, POLST, MOST
- DNR, DNI

- Patient fears, family fears, provider fears.
- **Uncertainty?**

15 What Matters for Primary Care, Newbrough



15




The John A. Hartford Foundation
Dedicated to Improving the Care of Older Adults

- Founded in 1929 by family owners of A&P grocery chain
- Has given more than \$585,000,000 in grants since 1982 to improve health care
- Has been focused on improving the health of older adults for many years, and recently refocused their mission to Improve the Care of Older Adults

16 What Matters for Primary Care, Newbrough **UAB MEDICINE**

16



Institute for Healthcare Improvement

Officially founded 1991, but dates to late 1980's
Focus on transforming entire health systems
2004: 100,000 Lives Campaign
2006: AHRQ 5 Million Lives Campaign


Triple Aim:

- Improve health of the population
- Improve the experience of care for individuals
- Reduce the per capita cost of providing care

17 What Matters for Primary Care, Newbrough **UAB MEDICINE**

17

Age-Friendly Care



- **What Matters** – Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to end of life care, and across care settings
- **Medication** – If medication is necessary, ensure medication does not interfere with What Matters to the older adult, their Mobility, or their Mentation across settings of care
- **Mentation** – Prevent, identify, treat and manage dementia, depression and delirium across settings of care
- **Mobility** – Ensure that older adults move safely every day in order to maintain function and do What Matters

18 What Matters for Primary Care, Newbrough **UAB MEDICINE**

18

What Matters: Know and align care with each older adult's specific health outcome goals and care preferences including but not limited to end-of-life care, and across settings of care.

Not one, but many conversations, about where people come from, who they are, and what is important to them, in their lives and with their healthcare.

From primary care to emergency room to inpatient and back

How to incorporate What Matters into plan of care?

How to make it part of everyday care?

How to make it work in the electronic record, and across settings of care.



22 What Matters for Primary Care, Newbrough

UAB MEDICINE

22

What Matters

What Matters conversations at certain touchpoints.

- Regular and annual wellness visits
- New diagnosis or change in health status
- Life stage change
- Chronic disease management
- Inpatient visits (any facility)

23 What Matters for Primary Care, Newbrough

UAB MEDICINE

23

What Matters (cont.)

What Matters conversations as part of routine care and recurring care, considerations:

- Think about What Matters and Cognition
 - Declines in cognition are both a reason to have What Matters conversations early, and may impact outcomes of What Matters conversations later in course
- When Health Status changes
 - Patients and families may have questions about what the status change means, but may also open the door to deeper conversations about What Matters
- Showing that we care about What Matters to our patients and their families:
 - Helps us to know each better as people
 - Helps to establish trust between us and the people we serve

24 What Matters for Primary Care, Newbrough

UAB MEDICINE

24

Toolkit: Understanding Life Context and Priorities

- What is important to you today?
- What brings you joy? What makes you happy? What makes life worth living?
- What do you worry about?
- What are some goals you hope to achieve in the next six months or before your next birthday?
- What would make tomorrow a really great day for you?
- What else would you like us to know about you?
- How do you learn best? For example, listening to someone, reading materials, watching a video.

25 What Matters for Primary Care, Newbrough



25

Toolkit: Anchoring Treatment in Goals and Preferences

- What is the one thing about your health care you most want to focus on so that you can do [fill in desired activity] more often or more easily?
- What are your most important goals now and as you think about the future with your health?
- What concerns you most when you think about your health and health care in the future?
- What are your fears or concerns for your family?
- What are your most important goals if your health situation worsens?
- What things about your health care do you think aren't helping you and you find too bothersome or difficult?
- Is there anyone who should be part of this conversation with us?

26 What Matters for Primary Care, Newbrough



26

Toolkit: Having the Conversations

- Prepare older adults and caregivers for "What Matters".
- Determine who will have the conversation (i.e., your process)
- Decide on the setting for the conversation
- Review records of past conversations
- Consider cognition and health literacy abilities of patients and caregivers
- Document the conversation
- Incorporate "What Matters" into the care plan

27 What Matters for Primary Care, Newbrough



27

Building a What Matters Assessment Tool

- Who participated in What Matters assessment?
- What activities and/or people ~~make life worth living for you?~~ **are important to you?**
- What matters to you in regard to your health?
- What ~~do you worry about?~~ **kind of worries do you have in your life?**
- When you think about the future and your health, what are your goals?
- When you think about the future and your health, what ~~concerns~~ **worries** you the most?
- If your health were to worsen, what would be most important to you
- **If your health were to worsen, are there things (interventions or situations) that you would like to avoid?**

28 What Matters for Primary Care, Newbrough



28

What Matters Assessment Tool (cont.)

Based on the above conversation, What Matters to the patient focuses on the following (select all that apply):

- Establishing a diagnosis and potential treatment options
- Preserving physical function or independence
- Preserving cognitive function
- Reducing treatment burden
- Relieving symptoms
- Curing a condition
- Prolonging life
- Other: _____

29 What Matters for Primary Care, Newbrough



29

What Matters Assessment Tool (cont.)

For the above What Matters conversation, please respond to the following questions:

Outcomes:

- Specific medical decision / treatment or surgery decision made? Y ___ N ___
- Specify decision below: data field or text box for detail
- New diagnosis(es) reviewed and discussed? Y ___ N ___
- Specify below: data field or text box for detail

Based on the above What Matters conversation, the plan of care will include interventions related to (select all that apply):

- Establishing a diagnosis and potential treatment options
- Preserving physical function or independence
- Preserving cognitive function
- Reducing treatment burden
- Relieving symptoms
- Curing a condition
- Prolonging life
- Achieve specific time-related goal
- Focus on comfort and quality of life for remaining time
- Other: _____

Add a summary box for any other notes in identifying What Matters to patient.


30 What Matters for Primary Care, Newbrough



30

Medicare Learning Network (MLN): Advance Care Planning
(MLN909289 March 2024)

- Advance Care Planning defined
- May include advance directives
- Documentation requirements
- Diagnosis
- Coding
- ACP Services are Time Based
- Billing & Payment:
 - May offer and bill from office, home care, facility, hospital



31 What Matters for Primary Care, Newbrough

UAB MEDICINE

31

Advanced Care Planning: CMS Definition

- Advance care planning (ACP) is a voluntary, face-to-face discussion between a physician or other qualified health care professional (QHP) and your patient, their family member, caregiver, or surrogate (as appropriate) to discuss the patient's health care wishes if they become unable to make their own medical decisions.
- As part of this discussion, **you** may talk about advance directives with or without helping a patient complete legal forms. An advance directive appoints an agent and records a patient's medical treatment wishes based on their values and preferences.
- Examples include:

• Do not resuscitate orders	• Living wills
• Health care powers of attorney	• Medical orders for life-sustaining treatment
• Healthcare proxies	• Psychiatric advance directives
• Instruction directives	

"you" refers to a physician or other QHP: nurse practitioners, physician assistants, and clinical nurse specialists.

32 What Matters for Primary Care, Newbrough

UAB MEDICINE

32

ACP Documentation Requirements

You must document your ACP discussion, including:

- The fact the visit was voluntary
- An explanation of advance directives
- Who was present
- The time spent discussing ACP during the face-to-face encounter
- Any change in the patient's health status
- The patient's health care wishes if they become unable to make their own decision

Diagnosis: report the condition you discuss with the patient using an ICD-10-CM code. This code shows an administrative exam or an exam diagnosis when ACP services are part of the AWW. You don't need to report a specific diagnosis to bill for ACP services.

33 What Matters for Primary Care, Newbrough

UAB MEDICINE

33

ACP Coding

CPT Codes	Billing Code Descriptors
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate
99498	Advanced care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (list separately in addition to code for primary procedure)

34 What Matters for Primary Care, Newbrough

34

ACP Services are Time Based

- You must follow CPT rules about minimum time requirement to report and bill for ACP services. (cannot bill ACP for less than 15 minutes)
- You should only discuss ACP issues during the time you're billing for ACP services.
- When you perform another service concurrently as a time-based service, don't include the time spent on the concurrent service with the time-based service.
- A unit of time is billable when the midpoint of the allowable unit of time passes.

ACP Minutes	CPT Code & Units
15 or less	Don't bill any ACP services
16-45	CPT code 99497 (1 unit)
46-75	CPT code 99497 (1 unit) and CPT code 99498 (1 unit)
76-105	CPT code 99497 (1 unit) and CPT code 99498 (2 units)

35 What Matters for Primary Care, Newbrough

35

ACP Billing and Payment

You can offer ACP services in facility and non-facility settings and bill them in any care setting, including an office, a hospital, a nursing home, at home, and through telehealth guidelines effective at the time of service.

We pay for ACP as:

- An optional element of the AWW
- A separate Medicare Part B medically necessary service

We waive the ACP Part B deductible and coinsurance when the ACP is:

- Provided on the same day as the covered AWW (HCPCS codes G0438 or G0439)
- Provided by the same provider as the covered AWW
- Billed with modifier 33 (Preventive Services)
- Billed on the same claim as the AWW

If we deny the AWW billed with ACP for exceeding the once-per-year limit, we'll apply the ACP deductible and coinsurance.

There are no limits on the number of times you can report ACP for a certain patient in a certain period. When billing ACP multiple times in a year, document changes in the patient's health status or wishes about their end-of-life care.

36 What Matters for Primary Care, Newbrough

36

CMS Office of Minority Health

Together we can advance health equity and help eliminate health disparities for all minority and underserved groups. Find resources and more from the CMS Office of Minority Health.

- Health Equity Technical Assistance Program
- Disparities Impact Statement

37 What Matters for Primary Care, Newbrough



37

2024 MIPS Quality Measures

14: Advance Care Plan:

Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.

38 What Matters for Primary Care, Newbrough



38

Back to Mr. Williams: What Matters

During your What Matters conversation with Mr. Williams, you learn that he is most worried about becoming incapacitated during his cancer treatment and unable to care for his wife. He has some paper-work from his urologist, and you help him understand what it says and he "teaches it back to you". It seems that he has both surgical and non-surgical options. As you talk with him, he realizes that having a radical prostatectomy is not an option he would consider due to the post-surgical recovery. Although you suggested that respite care for his wife may be a possibility, he does not feel she would do well.

He is willing to consider anti-androgen medical therapy or radiation therapy and has a follow up appointment with his urologist to discuss further. He also confirms with you that he would want CPR at this time, again, because he is firmly committed to caring for his wife, no matter what. He is grateful that you took the time to help him understand his options and to give him the opportunity to share What Matters to him with you.

You document the conversation in your note, including his desired Code status. You send the note to Mr. Williams urologist and ask to be updated after their next visit.

39 What Matters for Primary Care, Newbrough



39

Your favorite patient

What makes them your favorite patient?

- Have you known them a long time?
- Are they friendly / outgoing? Do they tend to share a bit more about themselves? Are they more like you?

How would you feel if something bad happens to them?

What is your worry for them?

Will they have access to what they need most when they need it?

Will the local ED provider give them the care you know they would want?

40 What Matters for Primary Care, Newbrough



40

A new patient

What would you like to know about them?

What do you need to know about them?

"Is there any particular reason that you decided to change providers / come to see me?"

- "He / she does not seem to take me seriously when I say that something is bothering me? They always tell me it is because I am a certain age, but no one I know is having this problem."

41 What Matters for Primary Care, Newbrough



41

A worried patient

"I can't do the things I used to be able to do, and I am worried about the future . . ."

How will you help them navigate through this chapter in their life / their healthcare journey?

42 What Matters for Primary Care, Newbrough



42

A dying patient

"I can tell that I am getting weaker, but I am not ready to die, quite yet. I still need to . . ."

What will you say?

43 What Matters for Primary Care, Newbrough

UAB MEDICINE

43

What Matters

The experiences of those who are doing this work and making changes in their practices say that the stories and conversations are deeply impactful for them and their patients.

We encourage people to commit to having a What Matters conversation with a patient / caregiver and see how it feels.

When we know we are providing care that aligns with what our patients want and need, we can be confident we are providing patient-centered care, and they will be confident that we are committed to their well-being, no matter where they are in their health / health-care journey.

44 What Matters for Primary Care, Newbrough

UAB MEDICINE

44

Thank You

???.s

45 What Matters for Primary Care, Newbrough

UAB MEDICINE

45

Resources

- Institute for Healthcare Improvement “Age-Friendly Health System” resources



46 What Matters for Primary Care, Newbrough

LJAB MEDICINE
